

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Dr. Martin
Do not use this space.

41416

1. PLACE OF DEATH

County *Lafayette*
Township *Washington*
City (No.)

Registration District No. *5464*
Primary Registration District No. *5626*

File No. *14*
Registered No. *73*
St. Ward

2. FULL NAME

Mary Elizabeth Jane Kneek

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *August Kneek*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July - 17 - 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leavenworth*

13. NAME *Rufus Howell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Martha Horwood*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leavenworth*

17. INFORMANT (ADDRESS) *A. H. Kneek*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chesapeake* DATE *12/26/31*

19. UNDERTAKER (ADDRESS) *Bliven & Sons, Chesapeake, Md.*

20. FILED *1-7* *1932*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 23*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *March 13*, 19*31*, to *Nov 21*, 19*31*

I last saw *her* alive on *Nov 9*, 19*31*. Death is said to have occurred on the date stated above, at *1:30* p.m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency (aortic valve in contact) Date of onset *about 1921*

92A

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? *chest* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury

Where did injury occur? *none* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *✓*

Nature of injury *✓*

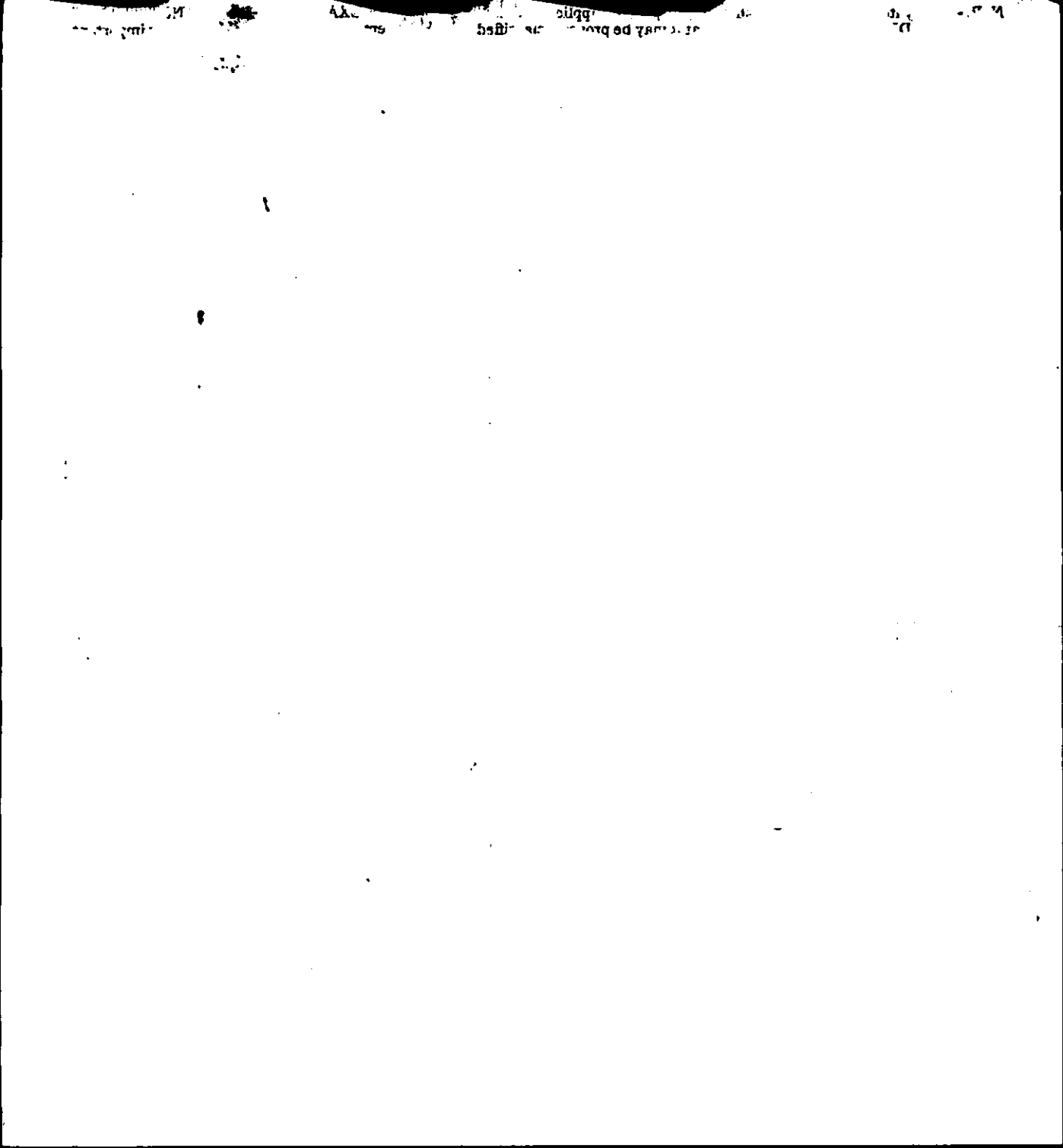
24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *M. B. Martin*, M. D.

(Address) *Chesapeake, Md.*

N.B.—Every item of information should be given in plain terms, so that it may be properly classified. Exact statement of occupation is very important.



N. B.—Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Washington
City _____ (No. _____) St. _____ Ward _____

Registration District No. 464
Primary Registration District No. 5626

File No. 124
Registered No. 73

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1-7

132

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

S-41418